STATEMENT OF

FORM 1	ORGANIZA (See instruction			Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5	
	TIONS WORKERS OF AMERICA-	COPE POLITICAL CONTE	RIBUTIONS COM	MITT-
ADDRESS (number and	street) 501 Third Street, NV	<i>(</i>		
(Check if address is changed)				
	Washington		DC	20001
		CITY▲	STATE	ZIP CODE 🛦
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-			
(Check if address is changed)	epolitics@cwa-unio	n.org		
COMMITTEE'S WER	PAGE ADDRESS (URL)			
(Check if address is changed)	,			
2. DATE 0 3				
3. FEC IDENTIFICA	TION NUMBER	C C00002089		
4. IS THIS STATEM	NEW (N) OR	AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my kno	owledge and belief it is true, correc	t and complete	
	Treasurer Jeffrey Rechent	ach		
Type or Print Name of	Treasurer	4011		
Signature of Treasurer	Electronically Filed by Jeffrey Re	echenbach	Date 03	26 2009
NOTE: Submission of fa	lse, erroneous, or incomplete information ma	y subject the person signing this S	·	_
Office Use Only		For further information Federal Election Communication Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)